

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YU	949	
O.I.P.E. CLASSIFIER		8	2-5-99
FORMALITY REVIEW	BH	60245	2/16/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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